

Docket

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595440

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1		1		1		51		51		51		51	
2							52		52		52		52	
3							53		53		53		53	
4							54		54		54		54	
5							55		55		55		55	
6							56		56		56		56	
7							57		57		57		57	
8							58		58		58		58	
9							59		59		59		59	
10							60		60		60		60	
11							61		61		61		61	
12							62		62		62		62	
13							63		63		63		63	
14							64		64		64		64	
15							65		65		65		65	
16							66		66		66		66	
17							67		67		67		67	
18							68		68		68		68	
19							69		69		69		69	
20							70		70		70		70	
21							71		71		71		71	
22							72		72		72		72	
23							73		73		73		73	
24							74		74		74		74	
25							75		75		75		75	
26							76		76		76		76	
27							77		77		77		77	
28							78		78		78		78	
29							79		79		79		79	
30							80		80		80		80	
31							81		81		81		81	
32							82		82		82		82	
33							83		83		83		83	
34							84		84		84		84	
35							85		85		85		85	
36							86		86		86		86	
37							87		87		87		87	
38							88		88		88		88	
39							89		89		89		89	
40							90		90		90		90	
41							91		91		91		91	
42							92		92		92		92	
43							93		93		93		93	
44							94		94		94		94	
45							95		95		95		95	
46							96		96		96		96	
47							97		97		97		97	
48							98		98		98		98	
49							99		99		99		99	
50							100		100		100		100	
TOTAL IND.														
TOTAL DEP.														
TOTAL CLAIMS														